

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (*name of individual and title, if any*) "Steve" Last Name Unknown, Agent
 was received by me on (*date*) 01/21/2020 .

I personally served the summons on the individual at (*place*) _____

on (*date*) _____ ; or

I left the summons at the individual's residence or usual place of abode with (*name*) _____

, a person of suitable age and discretion who resides there,

on (*date*) _____ , and mailed a copy to the individual's last known address; or

I served the summons on (*name of individual*) _____ , who is

designated by law to accept service of process on behalf of (*name of organization*) _____

on (*date*) _____ ; or

I returned the summons unexecuted because _____ ; or

Other (*specify*): On January 22, 2020, I sent a copy of the Summons, Complaint, and Order (ECF No. 5) by U.S. Certified Mail, Return Receipt Requested, to "Steve" Last Name Unknown, Agent, Drug Enforcement Administration, Office of Chief Counsel. The Summons and accompanying documents were delivered on January 24, 2020.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 01/27/2020

Server's signature

Kendall Morton, Paralegal & Special Projects Manager

Printed name and title

Institute for Justice
 816 Congress Ave., Suite 960
 Austin, TX 78701

Server's address

Additional information regarding attempted service, etc:



January 24, 2020

Dear Kendall Morton:

The following is in response to your request for proof of delivery on your item with the tracking number:
7017 1450 0000 5768 4380.

Item Details

Status:	Delivered, To Agent
Status Date / Time:	January 24, 2020, 10:18 am
Location:	SPRINGFIELD, VA 22152
Postal Product:	Priority Mail®
Extra Services:	Certified Mail™ Return Receipt Electronic Up to \$50 insurance included

Shipment Details

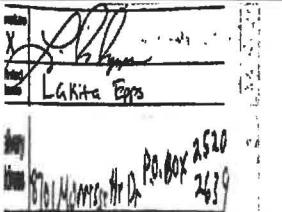
Weight: 15.0oz

Destination Delivery Address

Street Address:	8701 MORRISSETTE DR
City, State ZIP Code:	SPRINGFIELD, VA 22152-1080

Recipient Signature

Signature of Recipient:



Address of Recipient:

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,
United States Postal Service®
475 L'Enfant Plaza SW
Washington, D.C. 20260-0004

7017 1450 0000 5768 4380

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
SPRINGFIELD, VA 22152	
OFFICIAL USE ONLY	
Certified Mail Fee \$3.50	
\$	\$0.00
Extra Services & Fees (check box, add fee if appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>0.00</u>
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$ <u>0.00</u>
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ <u>0.00</u>
<input checked="" type="checkbox"/> Adult Signature Required	\$ <u>0.00</u>
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ <u>0.00</u>
Postage \$8.20	
\$	\$8.20
Total Postage and Fees \$13.30	
\$	\$13.30
"Steve" Last Name Unknown, Agent Drug Enforcement Administration Office of Chief Counsel 8701 Morrissette Drive Springfield, VA 22152	
See Reverse for Instructions	

6130 13
JAN 27 2020
Postmark Here
01/22/2020
70701